

Services for Adolescent Females Exhibiting Self-Injurious Behaviors
RFP# 2008-100-02



Q1. Does the behavioral specialist listed on page 15 refer to a direct care worker or to a "Functional Behavioral Analyst"?

R1. It can be either.

Q2. If a facility accommodates other programs, must a space utilization plan be included in the proposal?

R2. Yes. It must be in a separate building or wing.

Q3. Regarding "Adoption of Ideas," is it the Department's position that it can use the ideas, program components, models, etc. of all of the offerors, or just the successful bidder?

R3. Yes, the Department may opt to use ideas from any proposal.

Q4. Will DHR entertain a proposal for less than the twenty (20) beds specified in the RFP?

R4. Yes.

Q5. What is the Department's position on the co-mingling of 13 and 14 year-old patients with patients that are 19 or 20 years of age?

R5. Any proposal must clearly delineate a strict supervision plan in such cases.

Q6. Please describe the Department's philosophical approach to the co-mingling of so many diverse diagnostic entities in a single program, (e.g. the treatment of bulimics and the treatment of autistic youth combined with self-mutilating, bi-polar youth and those suffering from PTSD.

R6. The service to be delivered is to focus on the behaviors, self-mutilation, not diagnoses.

Q7. What is the budgeted per diem rate for this program?

R7. A maximum of \$285 per day.

Q8. What provisions exist under this RFP for catastrophic medical care of youth covered by this solicitation?

R8. Medical care, as for all children in DHR custody, will be assumed by the Department.

Q9. Please verify that only 3 youth per year can be rejected for placement by the provider under the provisions of this RFP.

R9. No more than 15% of appropriate referrals shall be rejected within a calendar year.